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CONFIRMATION NO. 8994

<b>SERIAL NUMBER</b> 10/651,582	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> PB0271
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/406,892 08/29/2002 and claims benefit of 60/406,893 08/29/2002  
 and claims benefit of 60/406,894 08/29/2002  
 and is a CIP of 10/113,030 04/01/2002 PAT 7,052,839  
 and is a CIP of 10/113,025 04/01/2002 PAT 7,033,762 *Hae*  
 which claims benefit of 60/315,798 08/29/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 08/03/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>Hae</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
22840

**TITLE**  
Analyte detection

<b>FILING FEE RECEIVED</b> 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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